Multi-Ethnic Study of Atherosclerosis

Medical History

Id#:

Acrostic: _____

Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

The following are some questions about your medical history. Some of the questions may refer to things that happened or began a long time ago, so please answer to the best of your knowledge.

Has a doctor ever told you that you had any of the following:

		Yes	No	Don't Know	
1	Emphysema	○	○	○	EMPHYS1
2	Asthma	○	○	○	ASTHMA1
3	Arthritis	○	○	○	ARTHRIT1
4	Cancer	○	○	○	CANCER1
	IF YES → Which type?				
	a. Prostate cancer	○	○	○	PROSTCN1
	b. Breast cancer	○	○	○	BRSTCN1
	c. Lung cancer	○	○	○	
	d. Colon cancer	○	○	○	COLONCN1
	e. Non-melanoma skin cancer	○	○	○	NMSKNCN1
	f. Blood cancer (leukemia, lymphoma, or other)	○	○	○	
	g. Other cancer	○	○	○	OTHCN1
	IF YES → Specify	☐			

		Yes	No	Don't Know	
5	Rheumatic heart disease or heart valve problems?	○	○	○	RHEUHV1
6	Blood clots in the lung or in the leg veins?	○	○	○	BLDCLOT1
7	Liver disease?	○	○	○	LIVERD1
	IF YES → Which type?				
	a. Cirrhosis	○	○	○	CIRRH1
	b. Hepatitis	○	○	○	HEPAT1

IF YES → Which type of hepatitis? *Select all that apply*

○ **A** HEPTPA1 ○ **B** HEPTPB1 ○ **C** HEPTPC1 ○ **D** ○ **E** ○ **Don't Know** HEPTPU1

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Medical History - 2

Id#:

Has a doctor ever told you that you had any of the following:

	Yes	No	Don't Know	
8 Kidney disease	○	○	○	KDNYDIS1
9 High blood pressure or hypertension	○	○	○	HIGHBP1
IF YES: a. Are you taking medicine for this?	○	○	○	BPMED1
IF YES: b. At what age did you begin taking medications?	BPHXAGE1		Don't Know ○	BPMAGEU1

	Yes	No	Don't Know	
10 High blood cholesterol	○	○	○	HGHCHOL1
IF YES: a. Are you taking medicine for this?	○	○	○	CHOLMED1
IF YES: b. At what age was this first treated?	CHOLAGE1		Don't Know ○	CHLAGEU1

	Yes	No	Don't Know	
11 Diabetes (sugar in blood)	○	○	○	DIABET1
IF YES: a. Are you taking medicine for this?	○	○	○	DIABHX1

YES → ○ Insulin ○ Pills DBHXTYP1

IF YES: b. At what age was this first treated?	DBAGE		Don't Know ○	DBAGEU1
c. Was insulin your first diabetes medicine?	○	○	○	DBINSUL1
d. **FOR WOMEN:** Did diabetes occur ONLY during pregnancy?	○	○	○	

12 What was your highest weight in the last 3 years? HWT3YLB1 lbs.

a*. What did you weigh at age 20? WT20LB1 lbs.

b*. What did you weigh at age 40? WT40LB1 lbs.

*Women: If you were pregnant at either of these ages, give your weight just BEFORE your pregnancy started.

Reproductive History
WOMEN ONLY -- MEN skip to Question #18

13 Have you ever been pregnant? — Yes ○ No ○ Don't Know ○ **PREG1**

If Yes:
a. Number of pregnancies **PREGN1**
b. Number of live births **BIRTHN1**
c. Age at first live birth **AGEBRTH1**

14 Have you had a hysterectomy (surgery to remove your uterus/womb)? — Yes ○ No ○ Don't Know ○ **HYSTRCT1**

If Yes:
a. At what age? **HYSTAGE1**

15 Have you had surgery to remove your ovaries? — Yes ○ No ○ Don't Know ○ **OVAREM1**

If Yes:
a. At what age? **OVAAGE1**
b. How many ovaries were removed? ○ 1 ○ 2 **OVAREMN1**

16 Have you ever taken birth control pills? — Yes ○ No ○ Don't Know ○ **BCPILLS1**

If Yes:
a. Please estimate the total number of years that you took birth control pills (keeping in mind you may have started and stopped several times) **BPILLYR1**

17 Have you gone through menopause (change of life)? — Yes ○ No ○ Don't Know ○ **MNPAUSE1**

If Yes → *Skip to #17 D*

If No or **Don't Know:**
a. Are you currently going through menopause? — Yes ○ No ○ Don't Know ○ **MENOP1**

If Yes: b. Date of last menstrual period (if less than 12 months ago): ☐☐ / ☐☐☐☐ (Month / Year)

c. How many periods have you had in the last 12 months? **PRDSNUM1**

d. At what age did you go through menopause? MENOAGE1

e. Have you ever taken hormone replacement therapy? HRMREP1
- ○ No → *Skip to #18*
- ○ Yes → *Continue with #17 F*

f. Are you currently using hormone replacement therapy? HRMREPC1
- ○ Yes → At what age did you begin? ☐☐
- ○ No → At what ages did you take hormones?

Age started ☐☐ Age stopped ☐☐ HRMQAGE1

Which type of therapy were you on? HRMTYP1
- ○ Estrogen alone (like Premarin or Estratab)
- ○ Estrogen with progestin (like Provera)

18 Do you ever get pain in either leg or buttock while walking? Yes ○ No ○ LEGPAIN1

If Yes:

a. Does this pain ever begin whenyou are standing still or sitting? ○ ○ LPREST1

b. In what part of your leg or buttock do you feel it? LPCALF1
- ○ Pain includes calf/calves
- ○ Pain does not include calf/calves

c. Do you get it if you walk uphill or hurry? Yes ○ No ○ N/A ○ LPUPHL1

d. Do you get it if you walk at an ordinary pace on the level? Yes ○ No ○ LPNORM1

e. Does the pain ever disappear while you are walking? ○ ○ LPDIS1

f. What do you do if you get it when you are walking?
- ○ Stop or slow down
- ○ Continue on LPSTOP1

g. What happens to the pain if you stand still? LPSTND1
- ○ Relieved
- ○ Not relieved

If Relieved → How soon? LPRELV1
- ○ 10 minutes or less
- ○ More than 10 minutes

h. Is this pain predominantly in the right side, left side, or in both legs? LPLOC1
- ○ Right Side
- ○ Left Side
- ○ Both legs

Medical History - 5

Id#:

	Yes	No	Don't Know	
19 Have you ever had swelling of your feet or ankles? (**FOR WOMEN**: other than during pregnancy?)	○	○	○	SWLLFT1
If Yes: a. Did it tend to come on during the day and go down overnight?	○	○	○	SWLLDAY1
20 Have you had to sleep on two or more pillows to help you breathe?	○	○	○	SLPPLLW1
21 Have you been awakened at night by trouble breathing?	○	○	○	WAKEBR1

22 In the past two weeks, have you had any of the following:	Yes	No	Don't Know	
a. Fever	○	○	○	FEVER1
b. Cold, flu, or sore throat	○	○	○	COLDFLU1
c. Urinary infection	○	○	○	URININF1
d. Seasonal allergy	○	○	○	ALLRGY1
e. Bronchitis	○	○	○	BRONCH1
f. Sinus infection or sinusitis	○	○	○	SINUINF1
g. Pneumonia	○	○	○	PNEUMO1
h. Gums bleeding while brushing or flossing	○	○	○	BLDGUMS1
i. Tooth infection	○	○	○	TTHINF1
j. Flare-up of gout	○	○	○	GOUT1
k. Flare-up of arthritis	○	○	○	ARTH2WK1

23 Approximately how many times have you been treated with antibiotics in the last year?
(*If you don't remember the exact number, please give us your best estimate.)*

ABNUM1 times ○ Don't know NOAB1

24 Approximately how many times have you been treated with antibiotics in the last 5 years?
(*If you don't remember the exact number, please give us your best estimate.)*

AB5YNUM1 times ○ Don't Know NOAB5Y1

	Yes	No	Don't Know	
25 Have you ever used aspirin on a regular basis?	○	○	○	ASPIRIN1

If Yes:

a. At what age did you start? ASPSAGE1

b. Are you taking aspirin now on a regular basis? ○ ○ ○ ASPNOW1

Yes → How many days a week are you taking aspirin? ASPDAYS1

No → At what age did you stop taking aspirin? ASPEAGE1

Medical History - 6

Id#:

		Yes	No	Don't Know	
26	Has a dentist ever told you that you had periodontitis or gum disease?	○	○	○	GUMDIS1
27	Have you lost any of your teeth due to gum disease?	○	○	○	LOSTTTH1

If Yes:

a. How many teeth have you lost? TTHNUM1 ☐☐

The following are questions about medical conditions that other members of your family may have had. Please answer to the best of your knowledge.

Have any of the following family members had any of the listed medical conditions (include blood relatives only):

	Parents	Yes	No	Don't Know	
	a. Heart attack?	○	○	○	**PMI1**
	b. Stroke?	○	○	○	**PSTK1**
	c. Amputation not due to a traumatic injury?	○	○	○	

	Siblings *(If you don't have any siblings, fill in "Not Applicable.")*	Yes	No	Don't Know	Not Applicable	
	a. Heart attack?	○	○	○	○	**SHRTATT1**
	b. Stroke?	○	○	○	○	**SSTK1**
	c. Amputation not due to a traumatic injury?	○	○	○	○	

	Children *(If you don't have any children, fill in "Not Applicable.")*	Yes	No	Don't Know	Not Applicable	
	a. Heart attack?	○	○	○	○	**CHRTATT1**
	b. Stroke?	○	○	○	○	**CSTK1**
	c. Amputation not due to a traumatic injury?	○	○	○	○	

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Completed by: ○ Self-Administered ○ Interviewer-Administered

Interviewer ID: ☐☐☐ Reviewer ID: ☐☐☐ Data Entry ID: ☐☐☐